

WEBB COUNTY APPLICATION/AFFIDAVIT
Criminal Felony, Misdemeanor or Juvenile Courts Attorney Appointment List

PLEASE COMPLETE THIS ENTIRE PAGE

Name: _____ Date: _____
Birth Date: _____
Business Address: _____ Day Phone: _____
Home Phone: _____ FAX No. _____
Cell Phone: _____
E-mail address: _____

*Note: You will receive notification of appointment by fax and e-mail.

EDUCATION

1. Undergraduate School: _____ Date Graduated: _____
3. Date licensed to practice law in Texas: _____ Bar Card No. _____
4. Are you fluent in any language other than English? Which language(s)?

5. Have you attended the Advanced Criminal Law Course within the last four years?
_____ Yes _____ No
6. How many Criminal Law CLE hours have you completed in the last calendar year?
(Please state where and when you completed the hours)

7. Have you ever been sanctioned or reprimanded by the State Bar? __ Yes __ No If
"yes" where and when _____
Do you have any pending grievances? _____ Yes _____ No. If yes, explain.

EXPERIENCE-GENERAL

Briefly describe your legal experience and the type of law you have practiced including what percentage has been criminal law:

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EXPERIENCE-CRIMINAL

Have you ever served in a criminal prosecutor's office? Yes ____ No ____
If "yes," where and when: _____

Have you ever served as the lead counsel in the defense or prosecution of a criminal or juvenile case? Yes__ No __ If "yes," how many times? ____ Misdemeanor ____ Felony ____ Juvenile
Type of juvenile case: _____

How many criminal or juvenile jury trials have you tried as lead counsel? ____ Misdemeanor ____
Felony ____ Juvenile In the last 12 months: ____ Misdemeanor ____ Felony ____ Juvenile
Type of juvenile case: _____

Have you ever tried a capital murder case where the State was seeking the death penalty?
Yes__ No__ If "yes," specify case and when it was tried: _____

First Chair: _____ Second Chair: _____

Check those that apply.

- ____ Have at least five years of experience in criminal litigation
- ____ Have tried to verdict as lead defense counsel a significant number of felony cases (at least 5-10)
- ____ Have trial experience in the use of and challenges to mental health or forensic expert witnesses
- ____ Have investigated and presented mitigating evidence at the penalty phase of a death penalty trial
- ____ Have participated in continuing legal education courses or other training relating to criminal defense in death penalty cases

EXPERIENCE-APPELLATE

Do you want to be assigned appellate appointments? Yes____ No____
Number of briefs filed: _____ Number of oral arguments: _____

SPECIAL QUALIFICATIONS

Are you board certified in criminal law? Yes _____ No _____

Are you board certified in juvenile law? Yes _____ No _____

Are you licensed to practice in federal court? Yes _____ No _____

If "yes," have you received an appointment from federal court in the last year? Yes ____ No ____

If you possess any additional special qualifications or experience you would like considered in lieu of those required by the qualifications to represent criminal defendants:

Based on the Webb County Qualifications I am qualified to receive appointments on the following:

_____ Felony 3g/1 st	_____ Juvenile (Check those that apply):
_____ Felony 2 nd /3 rd	() Determinate or habitual felony, C&T, 3g/1 st degree
_____ Felony SJF	() Other Felonies
_____ Misdemeanor	() Misdemeanors/CINS
_____ Appeals	

I do not qualify technically to receive court appointments for _____ cases because _____

I wish to apply for an exception to the qualifications to receive court appointments for the following reason (s): _____

If you are applying for a grace period exception, please indicate when you will have your qualifications met _____

Do you want to be listed as a Spanish-speaking attorney? Yes _____ No _____

Are you willing to accept clients who speak the languages listed in question number four?

Yes _____ No _____

If you need additional space to answer any of the questions please place the answers on an additional page.

**CERTIFICATION OF KNOWLEDGE OF STANDING
RULES FOR PROCEDURES FOR TIMELY AND FAIR
APPOINTMENT OF COUNSEL FOR INDIGENT ACCUSED
PERSONS IN WEBB COUNTY, TEXAS**

I certify, under oath, that I have received, read, and understand the Webb County Plan and Standing Rules and Orders for Procedures for Timely and Fair Appointment of Counsel for December 20, 2001, and effective January 1, 2002 and will comply with said plan, rules, and orders.

I certify, under oath, that I shall maintain an office with a phone which is answered a receptionist or answering service from 8:00 a.m. to 12:00 p.m. and from 1:00 p.m. to 5:00 p.m. Monday through Friday (except for Webb County holidays as set out in the official Webb County calendar approved by the Webb County Commissioner's Court) and by which a receptionist or/and answering service can promptly locate me and notify me of appointment or hearing setting. I agree I will maintain a FAX number to which FAXES may be received 24 hours a day, seven days a week, an email address and a physical address. These numbers are as follows:

Office Receptionist _____

Officer Answering Service _____

Fax number _____

Cellular _____

E-mail address _____

Physical Address _____

I will give written notice of any change in these notification numbers to each County Court at Law, District Court and Juvenile Judge and Justice of the Peace in Webb County prior to the change.

I acknowledge that I shall contact any accused person I am appointed to represent by the end of the first working day following notification of my appointment.

I acknowledge that I shall interview said accused person as soon as practicable.

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I, _____, certify, under oath, that I will zealously represent my client but always within the bounds of the law and legal ethics of Texas.

I understand that I must timely submit my bill for:

1. Indigent legal representation within 15 days of the date a case is disposed of by a plea or bench trial; or
2. Indigent legal representation within 15 days of the date of judgment in a trial; or
3. Indigent appeal representation within 15 days of the date a mandate is returned on appeal.

I understand and acknowledge that failure to comply, without showing of good cause, with these time requirements shall result in my waiver of right for such compensation and my services will have been performed PRO BONO.

I understand that I have a continuing duty to file an Amended Affidavit within 30 days of the date any of the above information changes.

I hereby, have been sworn upon oath, depose, state, and certify that the above information is true and correct.

Witness my signature on this the ____ day of _____, 200__.

AFFIANT

Print Name: _____

Bar No. _____

Subscribed and Sworn to before me this the ____ day of _____,
200__.

NOTARY PUBLIC / PERSON AUTHORIZED
TO ADMINISTER OATHS

Print Name: _____

Capacity: _____

Seal

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